## **Driver Application**

1342 Front (Rev. 8/04)





## King County Metro Public VanPool Program

1. Va	anPool No	and/or R	oute 10		From	n			
2. Cł	neck one $\Box$ $\Box$	river $\square$ Backup	Driver						
3. Na	ame			ıll Middle)					
1 A.	(First)		(FL	ili Middle)		(Las	st)		
4. AC	(Number	)			(Street)				
	(City)				(ZIP)			ork Email Addres	0)
5 H	, ,	ou lived at this addr	ess?	Veal	, ,	months	(۷)	TOTK ETHAII Addres	5)
		)					Cell (	)	
		Date of Birth(Moi							
		e and Address							
9. Jo	b Title								
0. Pr	esent Supervis	or's Name					Phone (	)	
1. Le	ength of Emplo	/ment	_ (If less thar	n 2 years, plea	se complete the	following.)			
Pr	evious Employ	er							
Le	ength of Employ	/ment	_ Last Super	visor					
2. Ho	ow long have y	ou had a driver's lic	ense?	years	m	onths			
3. If y	you have drive	n a van before, for h	low long?	y	ears	months	3		
4. Do	you currently	والمسام المناهين مرامينا							
	,	nave a valid and un	restricted Wash	nington State	Driver's License?				
		(explain)							
	Yes								
5. Dr 6. Ha	Yes No	(explain)	anies ever refus	sed, cancelled	, refused to renev	v, or given r	notice of inte		el or refuse any
5. Dr 6. Ha au	Yes	(explain)	anies ever refus	sed, cancelled	, refused to rener	w, or given r	notice of inte	ı-renewal	
5. Dr 6. Ha au □	Yes	Number e company or compance for you? s (please answer	anies ever refus the following) ason	sed, cancelled	, refused to rener ipany □ cancel	w, or given r ed □refu	notice of inte	ı-renewal	
5. Dr 6. Ha au Da 7. Ha	Yes	Number e company or compance for you? s (please answer	anies ever refus the following) ason driver's license	sed, cancelled Name of Com	, refused to rener	w, or given r ed □refu ed or refuse	notice of inte	ı-renewal	
5. Dr 6. Ha au  Da 7. Ha 8. Dc mi	river's License as an insurance atomobile insur No Yes ate	Number Recompany or companies (please answer	anies ever refus the following) ason driver's license or does result ir	sed, cancelled Name of Com or privileges s	, refused to rener	w, or given r ed □refu ed or refuse	notice of inte	Imited to, sig	
5. Dr 6. Ha au  Da 7. Ha 8. Do mi	river's License as an insurance atomobile insur No Yes ate	Number Recompany or compance for you?  s (please answer Recompany) Recompany or company or company or company or you?	anies ever refus the following) ason driver's license or does result ir onvulsive or se	sed, cancelled Name of Com or privileges sen physical or noizure disorder	, refused to rener panycancel suspended, revokenental impairmen , epilepsy, blacko	w, or given r ed □refu ed or refuse t? (For exan uts, diabete	notice of inte	limited to, siçease, etc.).	ght in only one eyo
5. Dr 6. Ha au  Da 7. Ha 8. Dc mi	river's License as an insurance atomobile insur No Yes ate	Number Recompany or compance for you?  s (please answer Recompany or company or company or company or company or you?  s (please answer or company or company or you?  cat your automobile (explain) on dition which may or gafness, paralysis, con (please answer the	anies ever refus the following) ason driver's license or does result in onvulsive or se following)	sed, cancelled Name of Com or privileges s n physical or n izure disorder	, refused to rener ipany cancel suspended, revok nental impairmen , epilepsy, blacko	w, or given r ed □refu ed or refuse t? (For exanuts, diabete	notice of inte	limited to, signate, etc.).	ght in only one ey
5. Dr 6. Ha au Da 7. Ha 8. Do mi	river's License as an insurance atomobile insur No Yes ate	Number Recompany or compance for you?  s (please answer Recompany)  ad your automobile (explain) printing which may be afness, paralysis, concepts answer the Name or nature of the second printing which was a second printing with the second printing with the second printing was a second printing was a second printing was a second printing with the second printing was a second printin	anies ever refus the following) ason driver's license or does result ir onvulsive or se e following) condition st attack	sed, cancelled Name of Com or privileges s n physical or n izure disorder	, refused to rener apanycancel suspended, revok mental impairmen , epilepsy, blacko	w, or given r ed □refu ed or refuse t? (For exan uts, diabete	notice of inte	limited to, signase, etc.).	ght in only one ey
5. Dr 6. Ha au  Da 7. Ha 8. Do mi	river's License as an insurance atomobile insur No Yes ate	Number Recompany or compance for you? s (please answer Recompany or compance for you? s (please answer Recompand your automobile (explain) pondition which may be afness, paralysis, co (please answer the last of onset or last paralysis of the please answer the the please and please answer the please answer the please and p	driver's license or does result in onvulsive or see following) condition	sed, cancelled Name of Com or privileges s n physical or n izure disorder	, refused to rener apanycancel suspended, revok mental impairmen , epilepsy, blacko	w, or given r ed □refu ed or refuse t? (For exan uts, diabete	notice of inte	limited to, siç	ght in only one ey
5. Dr 6. Ha au  Da 7. Ha 8. Dc mi	river's License as an insurance atomobile insur No Yes ate	Number Recompany or compance for you? s (please answer Recompany or compance for you? s (please answer decompany of the production which may be easily set of the please answer the please and please answer the please and please answer the please and please answer the please answer the please answer the please answer the	anies ever refus the following) ason driver's license or does result in onvulsive or se e following) condition st attack	sed, cancelled Name of Com or privileges s n physical or n izure disorder	, refused to rener panycancel suspended, revok mental impairmen , epilepsy, blacko	w, or given r ed □refu ed or refuse t? (For exan uts, diabete	notice of inte	limited to, signase, etc.).	nht in only one ey
5. Dr 6. Ha au  Da 7. Ha 8. Dc mi	river's License as an insurance atomobile insur No Yes ate	Number Recompany or compance for you? s (please answer and your automobile (explain) and ition which may be affness, paralysis, c (please answer the Name or nature of Date of onset or last Years driving with or priving Aids	anies ever refus the following) ason driver's license or does result ir onvulsive or se e following) condition st attack condition or har	sed, cancelled Name of Com or privileges s n physical or n eizure disorder	, refused to rener ipany cancel suspended, revok nental impairmen , epilepsy, blacko	w, or given r ed □refu ed or refuse t? (For exan uts, diabete	notice of inte	limited to, signase, etc.).	Jht in only one ey
5. Dr 6. Ha au Da 7. Ha 8. Do mi	river's License as an insurance atomobile insur No Yes ate	Number Recompany or compance for you? s (please answer and your automobile (explain) ondition which may eafness, paralysis, c (please answer the Name or nature of Date of onset or last Years driving with or Driving Aids Drugs or Medication	anies ever refus the following) ason driver's license or does result ir onvulsive or se e following) condition st attack condition or har bility	sed, cancelled Name of Com or privileges s n physical or n izure disorder	, refused to rener apanycancel suspended, revok mental impairmen , epilepsy, blacko	w, or given r ed □refu ed or refuse t? (For exanuts, diabete	notice of inte	limited to, signase, etc.).	ght in only one ey
5. Dr 6. Ha au  Da 7. Ha 8. Do mi	river's License as an insurance attornobile insur No Yes ate ave you ever he No Yes by you have a crissing limbs, do No Yes	Number Recompany or compance for you? s (please answer Recompany or compance for you? s (please answer Recompany or automobile (explain) Recompany or allowed for a seafness, paralysis, or (please answer the last please answer the last please answer the last please are driving with or driving Aids Priving Aids Recompany or Medication Effect on Driving Aids Recompany or Medication Effect on Driving Aids Recompany or Medication Effect on Driving Aids Recompany or Medication Recompany or Medication Recompany or company or company or please answer and please and please and please answer and please and please answer and please and please and please and please answer and please and please and p	anies ever refus the following) ason driver's license or does result ir onvulsive or se e following) condition st attack condition or har	sed, cancelled Name of Com or privileges s n physical or n izure disorder	, refused to rener ipany cancel suspended, revok mental impairmen , epilepsy, blacko	w, or given r ed □refu ed or refuse t? (For exan uts, diabete	notice of inte	limited to, signase, etc.).	ght in only one ey
5. Dr 6. Ha au  Da 7. Ha 8. Do mi	river's License as an insurance attornobile insur No Yes ate ave you ever have you have a crissing limbs, de No Yes	Number Recompany or compance for you? s (please answer and your automobile (explain) ondition which may be afness, paralysis, c (please answer the Name or nature of Date of onset or last Years driving with the Driving Aids Drugs or Medicatio Effect on Driving Aid Physician's Name	anies ever refus the following) ason driver's license or does result ir onvulsive or se e following) condition st attack condition or har bility	sed, cancelled Name of Com or privileges s n physical or n izure disorder	, refused to rener apany	w, or given r ed □refu  ed or refuse t? (For exanuts, diabete	notice of inte	limited to, signase, etc.).	ght in only one ey

Des	scribe Accident #1								
Dat	te	Time	Driver		Violation (Type)				
Who was at fault		Bodily Injury □ Yes □ No		Damage to your vehicle  ☐ Yes ☐ No Amount \$	Damage to other property	Damage to other property  ☐ Yes ☐ No Amount \$			
Des	scription		2.00 2.00						
	and a Analdani IIO								
Dat	scribe Accident #2	Time	Driver		Violation (Type)				
\//b	o was at fault		Bodily Injury	Damage to your vehicle	Damage to other property				
			Yes No	☐ Yes ☐ No Amount \$	Yes No Amount \$				
Des	scription								
22.			ons (other than parking) including approximate of		d of, forfeited bail or paid any fine	es for during the			
	Date	Time	□ a.m. □ p.m.	Location (City and State)					
	Convictions		If Speeding Legal Limit:	m.p.h. Your Speed	Amount of Fine m.p.h.				
Α	Remarks (May be continued or	separate sheet)	Legai Lilliit.	III.p.II. Tour Speed	пі.р.п. ф				
	Date	Time	□ a.m.	Location (City and State)					
	Convictions		□ p.m. If Speeding		Amount of Fine				
			Legal Limit:	m.p.h. Your Speed	m.p.h. \$				
В	Remarks (May be continued or	separate sheet)							
		0							
	How many cars do you  Do you have automobi		 or your personal vehicle	? □Yes □No					
	Name of Insurance Co								
	Traine of modianes of	inpuny unu i							
26.	Commuting Travel Pla	ns:							
	a. Origin of Trip	(City)		(County)	(ZIP)				
	b. Final Destination _			(222,)	(=)				
	<u> </u>	(Street Addres	s)						
		(City)		(County)	(ZIP)				
	c. How many miles is		mmute each day, one-w						
	d. What time do you arrive at work a.m. \[ \subseteq p.m., \] leave work \[ \subseteq a.m. \[ \subseteq p.m. \]								
27. Are you requesting authorization for personal use of the Metro van? ☐ Yes ☐ No									
28.	If yes, please describe	how you expe	ect to use the van for you	ur personal driving and how o	ften				
20	Can you provide off at	oot parking fo	r the ven et veur home?	No No					
	Can you provide off-st	-	-						
30.	Additional Comments								
Sig	nature				Date				

This Application warrants a credit check, employment verification and/or verification of motor vehicle record history.